THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) No, Sir. The thrust of the National Programme for AIDS Prevention and Control lies on creating awareness and bringing about behaviour change in order to prevent further spread of disease, and enlighten the people to protect themselves against HIV/AIDS. This is particularly important, since there is no immunisation or cure of the disease till date. The Information, Education and Communication Programme have resulted in higher levels of awareness, specially among the urban population where prevalence of the disease is higher.

(a) No, Sir. At present there is not proven/established cure or treatment for AIDS patients. Therefore, all Treatments of AIDS Patients arc basicaly for Opportunistic Infections suffered by AIDS patients. These arc provided in all Government Hospitals. As AIDS Patients are treated for Opportunistics Infections, there is no distinction between treatment of AIDS Patients and other Patients.

(b) To prevent and control the spread of HIV/AIDS in India, a comprehensive Programme is currently under implementation as a centrally sponsored scheme throughout the country. The strategics of the programme consist of (i) creation of awareness amonst high risk behaviour group and general public, about HIV/ AIDS; (ii) control of Sexually Transmitted Diseases; (iii) Blood Safety and rational use of Blood; (iv) stengthening and surveillance diagnosis, and clinical management of HIV/AIDS Cases.

Rise in the Number of Unrecognised Medical Colleges

1107. DR. JAGANNATH MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of unrecognised medical colleges is on the increase in the country;

(a) if so, the number of these colleges in each State;

(b) the names of these colleges in Uttar Pradesh; and

(c) the action taken against these colleges so far?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) No, Sir.

(b) As per information given by Medical council of India, there arc 9 unrecognised Medical Colleges in India. The State wise list of unrecognised Medical Colleges is at Annexure, *[See Appendix 184, Annexure No. 38]*

(c) There arc no unrccoghniscd Medical Colleges in Uttar Pradesh.

(d) Details of action taken by MCI in respect of the recognition of these Medical Colleges is given at Annexure.

[See Appendix 184, Annexure No. 39]

Private Participation in Health Care

1108. DR. JAGANNATH MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(b) whether there is any proposal for encouraging private participation in hcalth-carc;

(c) if so, the details thereof;

(d) whether efforts are being made by Government to secure the participation of Non-Resident Indians in this regard, and

(d) if so, the reaction of the Non-resident Indians thereto?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI: (a) and (b) Under various National Health Programmes such as Family Welfare, Blindness Control etc, registered Non-Profit Voluntary Organisations are provided with financial assistance for advocacy, social mobilisation, supply of equipments, consumables, and construc-

tion of operation theatre etc. Private participation is also there in the implementation of specific programmes for the control of Malaria, Water Borne Diseases etc.

(c) and (d) Associations of India Doctors who have migrated to U.S.A/U.K, arc collaborating with the Medical Council of India, by extending support for Continuing Medical Education Programmes, Medical Equipments etc. Further proposals for setting up Hospitals and Health care facilities with Foreign Investment including from Non-Rcsident Indians arc considered and approved by the Foreign investment Promotion Board, within the Policy Guidelines laid down.

NACO Clarification on Transmission of AIDS Through Pin-Prick

1109. SHRI K.M. KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National AIDS Control Organisation has clarified that H.I.V. cannot be transmitted through a pinprick;

(h) if so, the details thereof with circumstances responsible for such clarification;

(c) whether Government propose to ask the NACO that clarification furnished by them is applicable to pin-prick to be conducted by needles of all variety;

(d) whether Government propose to give wide publicity to such clarification in all Government/private hospitals of coun try during including through media; and

(e) if so, the details there of and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) Yes, Sir. The National AIDS Control Organisation has issued a press release clarifying that HIV/AIDS cannot be transmitted through a Pin-Prick. This clarification was brought out in all Newspapers.

(b) This clarification was necessitated due to repeated reports in Newspapers about the rumour that the people were being pricked by a pin contaminated with HIV virus in crowded public places and a general scare was created due to these pin-pricks.

(c) The clarification explained about the differences in pin-Pricks and sharing of needless.

(d) and (c) These guidelines based on these clarifications have been issued to Government and Private Hospitals from time to time and Medical Practitioners arc fully aware of the Models of Transmission of HIV. Publicity through Print and Electronic media has also been done.

क्षय रोग के मरीजों की संख्या में तीव्र वृद्धि

1110. **श्री बरजिन्दर सिंह :**
श्री बलवन्त सिंह रामूवालिया :

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने कि कृपा करेगे कि:

(क) क्या यह सच है कि क्षय रोगियों की संख्या 140 लाख तक पहुंच चुकी है और आज यह एक भ्रांतक बीमारी का रूप ले चुकी है जिसके कारण प्रति मिनट एक भारतीय की मौत हो रही है;

(ख) यदि नहीं, तो इस संबंध में सरकार को क्या जानकारी है,

(ग) क्या सरकार ने देश में इस रोग के फैलने के कारणों की जानकारी प्राप्त की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है, और

(घ) सरकार ने क्षय रोग को फैलने से रोकने के लिए क्या तात्कालिक उपाय किए हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई) : (क) जी हां।

(ख) यह प्रश्न नहीं उठता।

(ग) क्षय रोग एक संक्रामक रोग है जो माइकोबैक्टिरियम ट्यूबमर कुलोसिस से स्पूटम पॉजीटिव रोगी के वायु के माध्यम से फैलता है।

(घ) राष्ट्रीय क्षय रोग नियंत्रण कार्यक्रम के अंतर्गत 449 जिला क्षय रोग केन्द्र और 330 क्षय रोग क्लीनिक स्थापित किए गए हैं जो लोगों को रोग नैदानिक और उपचार संबंधी सुविधांए निःशुल्क प्रदान करते हैं। देश में